

## **HEMI-SYNC® AND PSYCHOTHERAPY**

### **3 CASES DEALING WITH PHYSICAL ABUSE, SEXUAL DYSFUNCTION AND STOMACH ULCER**

*by Dwight Eaton, Th.D., Ph.D.*

*Dr. Eaton provides counseling services in his private clinical psychology practice in Honolulu, Hawaii. Realizing the potential of Hemi-Sync as a therapeutic adjunct, he became a member of the Professional Division in February of 1989. A major objective of Dr. Eaton's application of Hemi-Sync is to "assist in the coming-of-age of the psychotherapeutic process." The case histories are selected from Dr. Eaton's experiences utilizing Hemi-Sync with two clients, and himself.*

#### **CASE #1 Subject: Female; early 30s; Caucasian; employed as a stripper in numerous local night clubs.**

Subject first presented in response to suggestion of a prior client engaged in the same profession as subject. Subject's stated initial cause for seeing me dealt with the physical abuse then being experienced by way of her current paramour. Extensive history-taking revealed repetitive occurrences of such interpersonal physical and psychological abusive treatment from former spouses and live-in boyfriends.

Subject had been earning a comfortable living for at least the past twelve years as a nude performer in various clubs here, in the continental United States, and in Asia, at one point engaging in live sex acts with one of her former husbands. Initially, she professed great admiration for her chosen profession and lifestyle. Heavy use of drugs and alcohol were also a part of her daily regimen. She is attractive, bright, and presents the objective appearance of being well-adjusted. No judgment was made relative to her chosen means of livelihood or lifestyle. Her deep-seated contempt for the female of her species became evident in numerous subtle ways. Her own quite poorly developed and negative ego-ideal [self-esteem] was most apparent. Her initial exposure to Hemi-Sync produced a reported sense of great calmness and relaxation plus a "miraculous" recovery from the effects of a prior night of "binging" [subject's words].

The following week, again exposed to Hemi-Sync, she experienced a most vivid "dream," the recall of which was taped. With no suggestion from me, during the week between the second and third visit, the subject chose to write down the details of her encounter. Following is a summation.

Subject recalls being a 50-year-old male, named Amok [a most significant psychological disclosure, at no time revealed to the subject by me, the definition of which is, ". . . a psychic

disturbance characterized by depression followed by a manic urge to murder”], residing in a super-cold and desolate area probably somewhere in Asia in the 1700s. Amok had a wife and two daughters; a sled, twelve dogs, and necessary survival paraphernalia. While traveling with his dog team to take some frozen meat to relatives, among whom was an eight-year-old female, he encountered a violent snowstorm.

Abandoning his team and sled, he sought shelter in a cave whose entrance became blocked with blowing snow. As he had done with his own two daughters, he abandoned his twelve dogs. Amok states, “I did little to show my appreciation. I mainly separated myself from women which I did by focusing upon myself,” [my male superiority]. Amok further states, “I froze to death in that cave and I had murdered my twelve faithful dogs.” Amok continued, “I left my frozen cave [immediately after his demise] to view the scene. My dogs were dead, frozen in the snow drifts. I remember that my heart felt like a stone. It couldn’t feel a thing for the dead dogs, my ego wouldn’t let it. My wife was scared and worried for me. I cared little if nothing about her well-being. I was a schmuck!”

Primary subject stated, “My past life experience as Amok has been a very humbling experience for me. I am far less quick to judge others, for example, my father,” [who also abused her]. Others in the field of psychiatry will appreciate her unconscious tendency to select male companions who will abuse her; her lifelong fear of dogs; her contempt for females; prejudices and selfishness; being actually quite lazy and begrudging her work choice; dissatisfaction with her own body; offended by her own body odor; having abandoned her own real-life daughters because “they failed to give me the ego boost I desired... I was not grateful for much in my life... my attitude reflected this... I wouldn’t allow myself to feel much joy... my ungrateful attitude was my prison [cave?]... I judged the physical and ignored the spiritual... I measured my worth by material things.”

At this writing subject has voluntarily given up her accustomed means of livelihood and has secured employment in a large local drafting firm.

In the several months since this writer has employed Hemi-Sync in the therapeutic mode, its use more than suggests its tremendous contribution to a “new age” in the approach to reconciliation between the two ‘selves’ as depicted among Dr. Carl Jung’s writings, “One of the curses of modern man is that we suffer from having two personalities in the same person.” He further wrote, “The terrors that stem from our elaborate civilization [the off-spring of the lately evolved, negative left brain... insertion mine] are proving to be far more threatening than those that primitive people attributed to demons.” My work echoes another statement of his, “That is why finding the inner meaning of life is more important to the individual than anything else. And why the process of individuation must be given top priority.” The impetus for this being found in yet another part of his pronouncements, “Part of the unconscious consists of a multitude of

temporarily obscured thoughts, impressions, and images that—in spite of being lost—continue to influence our conscious minds.”

I am further moved by the primary theme of Adlerian psychology [Dr. Alfred Adler] which asserts, “Humanity is determined by compensation for feelings of inferiority.” Not that we are, in reality, inferior; but long ages of imprinting, conditioning, and programming have conditioned us into believing we are. And upon these beliefs we tend to construct a seemingly coherent concept of “reality,” our “civilization.” We are not “inferior!” We behave as though we are—because we choose to believe we are.

To the Greeks we owe, “As a man thinks, so does he become.” At no time are we a setpiece. We, as all else in the cognated universe, are ever-becoming. Thoughts and things are but aspects of the same thing. One unmanifested; the other, manifested. Effect must always follow cause. Here’s to a new day! That is—if we choose not to follow the way of the dinosaur.

**CASE #2 Subject: Male; age 35; Caucasian; professional bartender; seven-year resident of Hawaii**

Subject presented quite recently with a complex of sex-related dysfunctions, most anecdotal, one clinical. The clinical history is the excision of a single testis some five years previous due to a suspected carcinomal incursion. No recurrence, extension, or experienced inhibition to date.

The anecdotal history, not subject to the excision incident, is entirely consistent in his experience both prior to and subsequently. A summation of his voluntarily reported dysfunctions are as follows:

From his earliest recollection, subject has entertained profound doubts as to whether he is “straight” or “gay.” On the several occasions throughout his adult life in which he has attempted usual intercourse with a female, each such attempt has followed an identical pattern; initial rigidity followed by immediate flaccidity resulting in nonpenetration. Hence, a failure followed by bouts of embarrassment, shame, disgust, and self-loathing.

In an attempt to compensate for such failures, he early commenced the solicitation of selected white males in a limited manner. To stroke and be stroked and to experience being the recipient of fellatio. He consistently refrains from reciprocal performance or involvement in penetration. He states a repeated profound disgust and self-loathing in these actions.

The usual avenue of relief consists of regular masturbatory action. This suggests the absence of physical impedence as to competence in erection, rigidity maintenance, and ejaculation. Subject as presented exhibited numerous kinesthetic symptoms; chain smoking, constant attitudinal alterations while standing or sitting; clipped, quick speech; nervous and

consistent knee bouncing while sitting; finger tapping and nervous laughter, but only when appropriate.

Testing failed to suggest any evidence of psychoses, fugues, or phobias. Following testtaking and evaluation for credibility, subject deemed to be experiencing a complexity of allied dysfunctions possibly stemming from a single traumatic event, buried in the unconscious, to be exhibited solely at the emotional level when triggered by related mechanisms.

Subject initially tested for creative visualization propensity via usual and standard deep level hypnosis techniques employing focusing, suggestion, relaxation modes, et al. This was successful in the area of kinesthetic amelioration resulting in motor tranquilization.

Subject, in next session, was introduced to Hemi-Sync via a synthesizer. Exposure was of twenty minutes duration on Alpha only. During the review following the session, subject disclosed he had made a date with a female patron. He evidenced, with some trepidation, that a sexual liaison had been intimated. The suggestion was made that he—should the occasion arise—share with his companion a brief outline of his prior failures in an attempt to elicit her understanding and cooperation. This he did, reporting that, for the first time, he had experienced a completed sex act with a female. On subsequent nights with her, he found that he occasionally reverted to his usual pattern of failure inducing the customary negative emotions.

In the week prior to this writing, subject was again exposed to the Hemi-Sync synthesizer using the Theta/Delta setting. Prior to induction, subject instructed to concentrate not only on the “pink” sound and the Hemi-Sync sound, but to repeat, rhythmically, the thought, “What event caused my condition?”

At the expiration of thirty minutes, subject disconnected from the machine. With great emphasis and excitement subject reported he had had a most vivid dream of an event which took place when he was twelve years of age involving his older brother of fourteen. He had not recalled this particular event since the time of its occurrence, but had just experienced it in its entirety.

Early one morning, alone in the house with his older brother whom he greatly admired, the brother invited subject into his room to exhibit his erect penis and asked subject to caress same, which subject did. Subject experienced immediate disgust, shame, and embarrassment, and instant and total disintegration of all the values he had priorly held for his older brother. The event was never again mentioned by either, and was promptly forgotten by the subject until exposure to Hemi-Sync. Conventional hypnosis had failed to assist subject in re-creating this critical event. Hemi-Sync is proving, beyond doubt, the unquestioned procedure in exercising that most profound of dictums left us by Dr. Sigmund Freud: “To relieve it”—“it” must be relived.” Not through months, and in many cases years, does a subject need suffer the

rigors of conventional therapies in order to arrive at the primal causes of experienced events. It is felt that this subject, with continued work utilizing Hemi-Sync, will soon be capable of experiencing a “normal” sex life.

The conclusions to be drawn from this single event are, analytically, perhaps too complex and myriad to be included in a report of this nature. Those in the practice of psychotherapy will recognize them.

**CASE #3 Subject: Male; late 60s; married; Caucasian/Cherokee; self-employed professional counselor**

Subject presented with a condition of full-blown, clinically proven stomach ulcer of some two years duration. Following Barium x-ray, fluroscopy, blood workup, et al., subject placed on Zantac and diet regimen. Regimen strictly observed for some months then gradually discontinued by way of “feeling okay,” expense, and a healthy dose of “stupidity.” [A reminder of the old axiom, “A doctor makes a lousy patient.” Another, “A patient who chooses himself as the doctor, has a lousy doctor.” And let me insert right here, the subject has in his possession a Hemi-Sync machine on loan from The Monroe Institute. Got a clue yet?]

Apparently the ulcer was not eliminated. The pains returned. Slight at first then, over the weeks, gradually increasing in intensity. Subject used up the remainder of hoarded Zantac tablets then resorted to over-the-counter Sodium Bicarbonate tablets. They worked fine. For a time. All this while subject refrained from letting wife know of the recurrent and increasing discomfort.

Approximately two months prior to this writing, wife gets up to use the bathroom; husband not in bed; time 2:10 a.m.; wife turns on the light; finds husband in kitchen with head resting on arms on the counter. Wife asks, “What’s wrong?” Husband responds by telling her the story of his failed great medical experiments of recent weeks. He states, “I’m trying to make up my mind whether to wake you and call my daughter [a local physician] or just have you take me over to Queen’s Hospital. This ‘thing’ is out of control.” Wife places hand maternally on husband’s dumb head and states, “Have you tried the machine?” [Referring, succinctly to the Hemi-Sync.] “No,” he states, with a great surge of additional stupidity coursing over him. “I never thought of it.” She mocks, “You’ve had such great success with others—maybe it will work for you.” [Oh, how cruel women can be!] Husband replies, with deliberate inaudibility, “Oh, shut up!” Wife won’t let go. “I’ll put on the other headset with you, if you’ll try it.” The eight-foot walk from where husband sits to where Hemi-Sync synthesizer sits seems a long two or three blocks. Six-foot husband now about three feet tall.

Here I must engage in a necessary digression. Umpteen months prior to present story, psychologist friend of subject introduces subject to man who hands subject a cardboard box containing a certain electronic device [identity and description deleted]. Box contains

instrument never seen before by subject, consisting of five separate parts and several manuals. Subject puts parts and manuals back in box and sets it on the floor, off in a corner. Forgets about box. Subject has barest information about what device is supposed to do. Too busy to fool with it. Now—back to original tale. Subject stretches out in recliner, turns on Hemi-Sync and puts on headset. Wife lies down on floor and dons other headset. Wife goes to sleep. Snores slightly. Subject closes eyes, takes several deep breaths and proceeds to focus on pain in gut. Subject feels he has been engaged in such useless activity for twenty minutes or so, so opens eyes, removes headset, looks down at snoring wife, places headset on floor, quietly gets out of chair and stealthily goes to look for cardboard box hiding somewhere among other collected odds and ends.

Subject retrieves box, carefully takes out contents, assembles same on kitchen counter, plugs cord in wall socket, turns on the switches evident on machine and aimlessly twirls the four dials appearing on face of same.

At this point, subject suddenly finds himself awakening from a deep and relaxing sleep. Looks down to find snoring wife still doing same. Subject is jolted to discover terrible pain in gut is no longer in evidence. Subject takes several deep breaths, rolls stomach muscles, then pokes self in stomach in attempt to awaken possibly still-sleeping internal holocaust. Holocaust refuses to be aroused. Subject now remembers assemblage of machine on counter. Looks over to clock and notes that one hour and twenty minutes has elapsed since closing eyes last time. He then notes bare counter. No machine assembled on counter! What happened to it? Subject gets out of chair, looks around room and still no machine. Subject checks junk pile and finds cardboard box still in place—with disassembled machine and books where last seen some time before. What the h—!

Subject now wide awake and greatly excited. Feels great. Goes to Hemi-Sync synthesizer, turns off same and wakes snoring wife. Now unsnoring wife says she also feels great. Subject asks wife if she messed with strange other machine. She states, “No,” and then inquires why subject asked. Subject relates improbable story. Smart-mouth wife replies, “See—I told you.” What was wife experiencing during that hour plus? You wouldn’t believe it!

I’ve just looked at the clock at the moment of this writing; 2:10 p.m., Wednesday, 13 September 1989. To this date, no pain, no Zantac, no tablets. Examination has revealed—no ulcer.

What’s my conclusion? HEMI-SYNC WORKS!! Even for professional dummies. And triggers whatever modality in the brain is necessary to bring about results.

Scientifically provable? At the present stage, possibly not. Anecdotal? For this subjective experience—totally. With four doctorates, decades of experience, and nearing the age of

seventy, want to try and convince subject otherwise? [Hemi-Sync must have limitations. Did not eliminate snoring wife. Correction: snoring of wife.]

*[ed.: also see BREAKTHROUGH, Vol. VII, No. 3, "Impact on Psychotherapy" by Dwight Eaton, Th.D., Ph.D. and James Thomas, Ph.D.]*  
*[Topics/Psychiatry-Psychology/Psychotherapy]*

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